



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Group Hospitalization and Medical Services, Inc.

NAIC Group Code	0380 (Current)	0380 (Prior)	NAIC Company Code	53007	Employer's ID Number	53-0078070
Organized under the Laws of	District of Columbia		State of Domicile or Port of Entry		DC	
Country of Domicile	United States of America					
Licensed as business type:	HMDI					
Is HMO Federally Qualified?	Yes [] No []					
Incorporated/Organized	08/11/1939		Commenced Business		03/15/1934	
Statutory Home Office	840 First Street NE (Street and Number)		Washington, DC, US 20065 (City or Town, State, Country and Zip Code)			
Main Administrative Office	10455 Mill Run Circle (Street and Number)		410-581-3000 (Area Code) (Telephone Number)			
	Owings Mills, MD, US 21117 (City or Town, State, Country and Zip Code)					
Mail Address	10455 Mill Run Circle (Street and Number or P.O. Box)		Owings Mills, MD, US 21117 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	10455 Mill Run Circle (Street and Number)		410-998-7011 (Area Code) (Telephone Number)			
	Owings Mills, MD, US 21117 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.carefirst.com					
Statutory Statement Contact	William Vincent Stack (Name)		410-998-7011 (Area Code) (Telephone Number)			
	bill.stack@carefirst.com (E-mail Address)		410-998-6850 (FAX Number)			

OFFICERS

President and Chief Executive Officer	Brian David Pieninck #	Corp. Treasurer & VP	Jeanne Ann Kennedy
Corp. Secretary, Exec.VP & Gen. Counsel	Meryl Davis Burgin		

OTHER

Gregory Mark Chaney, EVP & CFO	Stacia Anne Cohen #, EVP, Medical Affairs	David Jeffrey Corkum, EVP, Large Group SBU
John David Kaercher #, EVP, Chief Information Officer	Rose Vartuhi Megian, EVP, Small and Medium Group SBU	Wanda Kay Oneferu-Bey, EVP, Consumer Direct & Government Programs SBU
Maria Harris Tildon #, EVP, Mktg Comm & Ext Affairs	Jennifer Ann Cryor Baldwin, SVP, Patient Centered Medical Home (PCMH)	Peter Andrew Berry, SVP, Chief Actuary
Stacey Rae Breidenstein #, SVP, Networks Management	Vickie Shennay Cosby #, SVP, Consumer Direct SBU	Sandra Anne Dilworth #, SVP, IT Operations
Andrew James Fitzsimmons #, SVP, Chief Informatics Officer	Melvyn Nelson Greene #, SVP, FEP Local Operations	Jonathan Nahm Kromm #, SVP, Mktg & Comm
Usha Nakhasi, SVP, Gen Mgr SBPASC/FEPOC	Kenneth Patrick Sullivan #, SVP, IT Applications	Michelle Judith Wright, SVP, Human Resources

DIRECTORS OR TRUSTEES

Shirley Marcus Allen	Clifford Edward Barnes	Sherri Lin Bohinc
Jonca Camille Bull	Mark John Chastang	Jeffrey Peter DiLisi
Robert Reginald Hagans Jr.	Artis Gail Hampshire-Cowan	Wendell Lee Johns
Robert Carl Kovarik Jr.	Michael Joseph McShea	Shirley Rollins Patterson
Elena Victoria Rios	Patricia Amelia Rodriguez	

State of Maryland
County of Baltimore SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Brian David Pieninck President and Chief Executive Officer	 Meryl Davis Burgin Corp. Secretary, Exec. VP & Gen. Counsel	 Jeanne Ann Kennedy Corp. Treasurer & VP
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Subscribed and sworn to before me this 25 day of February
Tammy Gholston

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



10-02-2019
My Commission Expires

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CaremarkPCS Health, LLC	43,820,434	0	0	0	0	43,820,434
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	43,820,434	0	0	0	0	43,820,434
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	6,759,334	0	0	0	6,759,334	0
0299999. Total Claim Overpayment Receivables	6,759,334	0	0	0	6,759,334	0
Johns Hopkins Hospital	15,637,200	0	0	0	0	15,637,200
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	62,503,800	0	0	0	0	62,503,800
0399999. Total Loans and Advances to Providers	78,141,000	0	0	0	0	78,141,000
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	128,720,768	0	0	0	6,759,334	121,961,434

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	51,292,995	0	0	43,820,434	51,292,995	51,292,995
2. Claim overpayment receivables	8,297,480	0	0	6,759,334	8,297,480	8,297,480
3. Loans and advances to providers	80,465,101	0	0	78,141,000	80,465,101	80,465,101
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	140,055,576	0	0	128,720,768	140,055,576	140,055,576

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries.....	6,678,078	0.2	408,761	72.4	0	6,678,078
3. All other providers.....	0	0.0	0	0.0	0	0
4. Total capitation payments.....	6,678,078	0.2	408,761	72.4	0	6,678,078
Other Payments:						
5. Fee-for-service	93,214,943	3.1	XXX	XXX	0	93,214,943
6. Contractual fee payments	2,925,300,104	96.7	XXX	XXX	0	2,925,300,104
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	3,018,515,047	99.8	XXX	XXX	0	3,018,515,047
13. TOTAL (Line 4 plus Line 12)	3,025,193,125	100%	XXX	XXX	0	3,025,193,125

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	22,247,751	0	14,084,908	8,162,843	8,162,843	0
2.	Medical furniture, equipment and fixtures	0	0	0	0	0	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	0	13,992,400	6,176,271	7,816,129	7,816,129	0
6.	Total	22,247,751	13,992,400	20,261,179	15,978,972	15,978,972	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Group Hospitalization and Medical Services, Inc. 2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		District of Columbia		2018							NAIC Company Code	
		Comprehensive (Hospital & Medical)									53007	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	191,809	10,810	78,110	1,637	5,445	7,949	83,703	0	0	4,155	
2.	First Quarter	163,845	11,116	52,701	1,604	5,479	8,042	80,728	0	0	4,175	
3.	Second Quarter	162,623	10,685	52,149	1,576	5,311	8,144	80,606	0	0	4,152	
4.	Third Quarter	161,916	10,391	51,607	1,566	5,424	8,463	80,241	0	0	4,224	
5.	Current Year	159,751	9,995	48,556	1,550	5,965	8,953	79,916	0	0	4,816	
6.	Current Year Member Months	1,955,714	127,795	620,985	18,950	66,296	99,416	965,453	0	0	56,819	
Total Member Ambulatory Encounters for Year:												
7.	Physician	1,772,511	76,182	374,617	26,410	0	0	1,295,302	0	0	0	
8.	Non-Physician	1,455,190	71,711	287,012	11,732	0	0	1,084,735	0	0	0	
9.	Total	3,227,701	147,893	661,629	38,142	0	0	2,380,037	0	0	0	
10.	Hospital Patient Days Incurred	39,362	3,596	8,593	1,012	0	0	26,161	0	0	0	
11.	Number of Inpatient Admissions	9,389	1,509	2,620	241	0	0	5,019	0	0	0	
12.	Health Premiums Written (b)	917,474,821	65,572,226	383,431,362	3,408,962	10,470,199	31,363,305	420,063,041	0	0	3,165,726	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	935,419,786	65,572,226	383,431,362	3,408,962	10,470,199	31,363,305	438,008,006	0	0	3,165,726	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	805,446,222	79,281,699	294,548,780	2,910,435	10,261,050	24,445,275	392,821,262	0	0	1,177,721	
18.	Amount Incurred for Provision of Health Care Services	807,427,053	78,788,638	291,764,132	2,860,114	10,303,789	24,627,310	398,731,982	0	0	351,088	

(a) For health business: number of persons insured under PPO managed care products144,546 and number of persons insured under indemnity only products10,389 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Group Hospitalization and Medical Services, Inc. 2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Maryland		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	53007	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	274,511	25,630	54,109	4,932	8,939	22,309	151,012	0	0	7,580	
2.	First Quarter	230,716	9,101	27,271	4,747	8,799	22,551	150,244	0	0	8,003	
3.	Second Quarter	225,445	8,652	24,824	4,656	8,290	21,774	149,219	0	0	8,030	
4.	Third Quarter	223,649	8,349	24,577	4,590	8,233	21,353	148,539	0	0	8,008	
5.	Current Year	224,005	8,041	23,933	4,496	8,049	20,481	148,075	0	0	10,930	
6.	Current Year Member Months	2,747,325	104,952	304,481	55,861	101,162	261,792	1,791,691	0	0	127,386	
Total Member Ambulatory Encounters for Year:												
7.	Physician	3,773,484	77,469	192,056	80,998	0	0	3,422,961	0	0	0	
8.	Non-Physician	3,101,061	62,085	139,325	33,121	0	0	2,866,530	0	0	0	
9.	Total	6,874,545	139,554	331,381	114,119	0	0	6,289,491	0	0	0	
10.	Hospital Patient Days Incurred	81,720	3,888	5,678	3,018	0	0	69,136	0	0	0	
11.	Number of Inpatient Admissions	16,196	864	1,429	635	0	0	13,268	0	0	0	
12.	Health Premiums Written (b)	1,328,829,035	109,549,477	195,901,844	13,000,077	3,308,972	30,510,280	971,492,990	0	0	5,065,395	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,371,264,303	109,549,521	197,960,894	13,000,077	3,308,972	30,510,280	1,011,869,164	0	0	5,065,395	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,210,110,572	96,183,659	153,215,127	9,854,556	3,459,493	20,987,303	924,768,861	0	0	1,641,573	
18.	Amount Incurred for Provision of Health Care Services	1,218,442,739	93,805,399	151,116,136	9,718,698	3,459,493	20,786,035	938,067,981	0	0	1,488,997	

(a) For health business: number of persons insured under PPO managed care products196,837 and number of persons insured under indemnity only products16,238 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Virginia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	53007	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	210,607	13,707	57,260	3,395	3,844	12,250	117,410	0	0	2,741	
2.	First Quarter	181,503	7,660	34,913	3,298	3,894	12,756	116,893	0	0	2,089	
3.	Second Quarter	180,801	7,274	35,449	3,276	4,040	12,609	115,942	0	0	2,211	
4.	Third Quarter	179,869	7,011	34,699	3,236	4,237	12,680	115,669	0	0	2,337	
5.	Current Year	181,104	6,682	34,803	3,190	3,868	12,449	115,661	0	0	4,451	
6.	Current Year Member Months	2,172,720	88,258	419,399	39,176	48,527	152,131	1,393,816	0	0	31,413	
Total Member Ambulatory Encounters for Year:												
7.	Physician	3,031,246	72,110	255,831	50,901	0	0	2,652,404	0	0	0	
8.	Non-Physician	2,458,676	53,334	162,221	21,890	0	0	2,221,231	0	0	0	
9.	Total	5,489,922	125,444	418,052	72,791	0	0	4,873,635	0	0	0	
10.	Hospital Patient Days Incurred	65,570	3,362	7,165	1,472	0	0	53,571	0	0	0	
11.	Number of Inpatient Admissions	13,511	876	1,927	428	0	0	10,280	0	0	0	
12.	Health Premiums Written (b)	1,131,979,076	100,856,598	247,368,212	8,186,700	2,029,011	16,739,413	755,605,659	0	0	1,193,483	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,159,456,013	100,856,598	243,441,459	8,186,700	2,029,011	16,739,413	787,009,349	0	0	1,193,483	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,009,636,331	82,200,236	187,744,272	5,311,859	2,673,644	12,278,851	719,264,670	0	0	162,799	
18.	Amount Incurred for Provision of Health Care Services	1,016,475,860	79,758,062	187,042,871	5,130,475	2,673,644	12,228,540	729,608,430	0	0	33,838	

(a) For health business: number of persons insured under PPO managed care products167,777 and number of persons insured under indemnity only products8,876 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		0380		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2018		(LOCATION)		NAIC Company Code		53007					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
		2		3																	
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year .....		.676,927		.50,147		.189,479		.9,964		.18,228		.42,508		.352,125		.0		.0		.14,476	
2. First Quarter .....		.576,064		.27,877		.114,885		.9,649		.18,172		.43,349		.347,865		.0		.0		.14,267	
3. Second Quarter .....		.568,869		.26,611		.112,422		.9,508		.17,641		.42,527		.345,767		.0		.0		.14,393	
4. Third Quarter .....		.565,434		.25,751		.110,883		.9,392		.17,894		.42,496		.344,449		.0		.0		.14,569	
5. Current Year .....		.564,860		.24,718		.107,292		.9,236		.17,882		.41,883		.343,652		.0		.0		.20,197	
6. Current Year Member Months		6,875,759		321,005		1,344,865		113,987		215,985		513,339		4,150,960		.0		.0		215,618	
Total Member Ambulatory Encounters for Year:																					
7. Physician .....		.8,577,241		.225,761		.822,504		.158,309		.0		.0		.7,370,667		.0		.0		.0	
8. Non-Physician .....		.7,014,927		.187,130		.588,558		.66,743		.0		.0		.6,172,496		.0		.0		.0	
9. Total		15,592,168		412,891		1,411,062		225,052		.0		.0		13,543,163		.0		.0		.0	
10. Hospital Patient Days Incurred		186,652		10,846		21,436		5,502		.0		.0		148,868		.0		.0		.0	
11. Number of Inpatient Admissions		39,096		3,249		5,976		1,304		.0		.0		28,567		.0		.0		.0	
12. Health Premiums Written (b) .....		.3,378,282,932		.275,978,301		.826,701,418		.24,595,739		.15,808,182		.78,612,998		.2,147,161,690		.0		.0		.9,424,604	
13. Life Premiums Direct		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
14. Property/Casualty Premiums Written .....		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
15. Health Premiums Earned .....		.3,466,140,102		.275,978,345		.824,833,715		.24,595,739		.15,808,182		.78,612,998		.2,236,886,519		.0		.0		.9,424,604	
16. Property/Casualty Premiums Earned		.0		.0		.0		.0		.0		.0		.0		.0		.0		.0	
17. Amount Paid for Provision of Health Care Services .....		.3,025,193,125		.257,665,594		.635,508,179		.18,076,850		.16,394,187		.57,711,429		.2,036,854,793		.0		.0		.2,982,093	
18. Amount Incurred for Provision of Health Care Services		3,042,345,652		252,352,099		629,923,139		17,709,287		16,436,926		57,641,885		2,066,408,393		.0		.0		1,873,923	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
96202	52-1358219	01/01/2007	CareFirst BlueChoice, Inc.	DC	LRSL/G	CMM	12,500	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/G	CMM	18,937,889	0	0	3,583,267	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/I	MS	10,776,235	0	0	5,162,778	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/G	D	486,752	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/G	SLEL	1,744,660	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/G	OH	68,390	0	0	0	0	0
0299999. U.S. Affiliates - Other							32,026,426	0	0	8,746,045	0	0
0399999. Total - U.S. Affiliates							32,026,426	0	0	8,746,045	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							32,026,426	0	0	8,746,045	0	0
1099999. Total - Non-Affiliates							0	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							32,026,426	0	0	8,746,045	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							32,026,426	0	0	8,746,045	0	0

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/G.	CMM	59,195,898	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/I.	MS	861,707	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/G.	D	8,669,182	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/G.	OH	1,018,911	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							69,745,698	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							69,745,698	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							69,745,698	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							69,745,698	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							69,745,698	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							69,745,698	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							69,745,698	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	69,746	80,069	99,169	117,020	170,912
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	53,315	67,559	95,190	119,821	146,365
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	3,263	4,232	7,815	9,407	10,229
8. Reinsurance recoverable on paid losses	85	2,636	25,314	29,752	16,702
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,335,348,173	0	1,335,348,173
2. Accident and health premiums due and unpaid (Line 15)	379,431,761	0	379,431,761
3. Amounts recoverable from reinsurers (Line 16.1)	84,581	(84,581)	0
4. Net credit for ceded reinsurance	XXX	3,348,070	3,348,070
5. All other admitted assets (Balance)	1,046,742,425	0	1,046,742,425
6. Total assets (Line 28)	2,761,606,940	3,263,489	2,764,870,429
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	281,728,414	3,263,489	284,991,903
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	31,203,281	0	31,203,281
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	1,248,572,590	0	1,248,572,590
15. Total liabilities (Line 24)	1,561,504,285	3,263,489	1,564,767,774
16. Total capital and surplus (Line 33)	1,200,102,655	XXX	1,200,102,655
17. Total liabilities, capital and surplus (Line 34)	2,761,606,940	3,263,489	2,764,870,429
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	3,263,489		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	84,581		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	3,348,070		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	3,348,070		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	0	0	0	0	0	0
2.	Alaska	AK	0	0	0	0	0	0
3.	Arizona	AZ	0	0	0	0	0	0
4.	Arkansas	AR	0	0	0	0	0	0
5.	California	CA	0	0	0	0	0	0
6.	Colorado	CO	0	0	0	0	0	0
7.	Connecticut	CT	0	0	0	0	0	0
8.	Delaware	DE	0	0	0	0	0	0
9.	District of Columbia	DC	0	0	0	1,130	0	1,130
10.	Florida	FL	0	0	0	0	0	0
11.	Georgia	GA	0	0	0	0	0	0
12.	Hawaii	HI	0	0	0	0	0	0
13.	Idaho	ID	0	0	0	0	0	0
14.	Illinois	IL	0	0	0	0	0	0
15.	Indiana	IN	0	0	0	0	0	0
16.	Iowa	IA	0	0	0	0	0	0
17.	Kansas	KS	0	0	0	0	0	0
18.	Kentucky	KY	0	0	0	0	0	0
19.	Louisiana	LA	0	0	0	0	0	0
20.	Maine	ME	0	0	0	0	0	0
21.	Maryland	MD	0	0	0	1,899	0	1,899
22.	Massachusetts	MA	0	0	0	0	0	0
23.	Michigan	MI	0	0	0	0	0	0
24.	Minnesota	MN	0	0	0	0	0	0
25.	Mississippi	MS	0	0	0	0	0	0
26.	Missouri	MO	0	0	0	0	0	0
27.	Montana	MT	0	0	0	0	0	0
28.	Nebraska	NE	0	0	0	0	0	0
29.	Nevada	NV	0	0	0	0	0	0
30.	New Hampshire	NH	0	0	0	0	0	0
31.	New Jersey	NJ	0	0	0	0	0	0
32.	New Mexico	NM	0	0	0	0	0	0
33.	New York	NY	0	0	0	0	0	0
34.	North Carolina	NC	0	0	0	0	0	0
35.	North Dakota	ND	0	0	0	0	0	0
36.	Ohio	OH	0	0	0	0	0	0
37.	Oklahoma	OK	0	0	0	0	0	0
38.	Oregon	OR	0	0	0	0	0	0
39.	Pennsylvania	PA	0	0	0	0	0	0
40.	Rhode Island	RI	0	0	0	0	0	0
41.	South Carolina	SC	0	0	0	0	0	0
42.	South Dakota	SD	0	0	0	0	0	0
43.	Tennessee	TN	0	0	0	0	0	0
44.	Texas	TX	0	0	0	0	0	0
45.	Utah	UT	0	0	0	0	0	0
46.	Vermont	VT	0	0	0	0	0	0
47.	Virginia	VA	0	0	0	1,429	0	1,429
48.	Washington	WA	0	0	0	0	0	0
49.	West Virginia	WV	0	0	0	0	0	0
50.	Wisconsin	WI	0	0	0	0	0	0
51.	Wyoming	WY	0	0	0	0	0	0
52.	American Samoa	AS	0	0	0	0	0	0
53.	Guam	GU	0	0	0	0	0	0
54.	Puerto Rico	PR	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	0	0	0	0	0	0
57.	Canada	CAN	0	0	0	0	0	0
58.	Aggregate Other Alien	OT	0	0	0	0	0	0
59.	Total		0	0	0	4,458	0	4,458

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
N/A	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.47021 .53007	52-2069215 53-0078070	CareFirst, Inc. Group Hospitalization and Medical Services, Inc.	.0 .0	.0 (24,999,500)	.0 .0	.0 .0	(138,016,021) 47,061,197	.0 .0		.0 (150,000,000)	(138,016,021) (127,938,303)	.0 (5,482,559)
.47058 .00000	52-1385894 20-1907367	CareFirst of Maryland, Inc. Service Benefit Plan Administrative Services Corporation	.0 .0	(25,000,500) .0	.0 .0	.0 .0	518,538,464 (62,881,479)	.0 .0		(150,000,000) .0	343,537,964 (62,881,479)	5,482,559 .0
.00000 .60113	27-4297513 52-1962376	CareFirst Holdings, LLC First Care, Inc.	.0 .0	27,500,000 22,500,000	.0 .0	.0 .0	.0 .0	.0 .0		.0 .0	27,500,000 22,500,000	.0 .0
.00000 .96202	52-1724358 52-1358219	Capital Area Services Company, LLC CareFirst BlueChoice, Inc.	.0 .0	.0 .0	.0 .0	.0 .0	45,644,020 (410,346,181)	.0 .0		.0 300,000,000	45,644,020 (110,346,181)	.0 (594,422)
.13130	52-1840919	The Dental Network, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	594,422
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES









The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
1.	An extension was granted by the state of domicile to file on 4/15/2019.	
12.		
13.	Not a stock company.	
14.		
15.		
16.		
17.		
18.		
19.		
21.		

Bar Codes:		
12.	Life Supplement [Document Identifier 205]	
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16.	Medicare Part D Coverage Supplement [Document Identifier 365]	
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]	
21.	Life Supplement [Document Identifier 211]	



SUPPLEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia
NAIC Group Code 0380 NAIC Company Code 53007
ADDRESS (City, State and Zip Code) Washington , DC 20065
Person Completing This Exhibit Nana Asare
Title Sr. Actuarial Assistant Telephone Number 410-998-7466

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	Blue Cross Blue Shield 65	P	NO	.0230500	.01/01/1965		.11/06/1992	.07/31/1992	DC BCBS 65	138,876	98,919	.71.2	44	.0	.0	.0.0	0
NO	PR065-0790	P	NO	.0230500	.07/01/1990		.11/06/1992	.07/31/1992	DC Protection 65	98,091	38,489	.39.2	27	.0	.0	.0.0	0
YES	Medigap Plan A DC (5/99)	A	NO	.0230500	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	43,831	16,263	.37.1	7	.0	.0	.0.0	0
YES	Medigap Plan C DC (5/99)	C	NO	.0230500	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	95,292	69,494	.72.9	15	.0	.0	.0.0	0
YES	Medigap UW Plan C DC (1/01)	C	NO	.0234000	.10/25/2000			.05/31/2010	Underwritten	83,813	55,553	.66.3	27	.0	.0	.0.0	0
YES	Medigap Plan F DC (5/99)	F	NO	.0230500	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	352,095	188,080	.53.4	73	.0	.0	.0.0	0
YES	Medigap UW Plan F DC (1/01)	F	NO	.0234000	.10/25/2000			.05/31/2010	Underwritten	1,183,206	932,617	.78.8	451	.0	.0	.0.0	0
YES	DC/CF/MG UW PLAN B (6/10)	B	NO	.0234000	.05/07/2010			.01/01/2012	Underwritten	5,339	2,333	.43.7	2	.0	.0	.0.0	0
YES	DC/CF/MG PLAN C (6/10)	C	NO	.0230560	.02/11/2010			.01/01/2012	DC Supplement 65	29,498	14,562	.49.4	4	.0	.0	.0.0	0
YES	DC/CF/MG UW PLAN C (6/10)	C	NO	.0234060	.02/11/2010			.01/01/2012	Underwritten	10,409	18,821	180.8	3	.0	.0	.0.0	0
YES	DC/CF/MG UW PLAN F (6/10)	F	NO	.0234000	.02/22/2010			.01/01/2012	Underwritten	293,401	296,560	101.1	113	2,018	222	11.0	1
YES	DC/CF/MG UW PLAN HI DED F (6/10)	F	NO	.0234000	.02/23/2010			.01/01/2012	Underwritten	30,466	2,625	8.6	23	.0	.0	.0.0	0
YES	DC/CF/MG UW PLAN N (6/10)	N	NO	.0234000	.02/23/2010			.01/01/2012	Underwritten	2,212	22	1.0	1	.0	.0	.0.0	0
YES	DC/CF/MG PLAN A (6/10)	A	NO	.0234560	.02/11/2010				DC Supplement 65	39,334	19,638	.49.9	7	19,352	14,775	76.3	2
YES	DC/CF/MG PLAN B (6/10)	B	NO	.0234500	.05/04/2010				DC Supplement 65	8,808	94,087	1,068.2	4	10,456	1,707	16.3	4
YES	DC/CF/MG PLAN F (6/10)	F	NO	.0234500	.02/11/2010				DC Supplement 65	755,090	462,760	.61.3	291	407,820	327,432	80.3	175
YES	DC/CF/MG PLAN HI DED F (6/10)	F	NO	.0234500	.03/31/2010				DC Supplement 65	47,651	3,956	8.3	46	14,007	.0	.0.0	14
YES	DC/CF/MG PLAN G (2/12)	G	NO	.0234500	.12/09/2011				DC Supplement 65	23,614	31,798	134.7	10	10,140	2,267	22.4	5
YES	DC/CF/MG PLAN L (2/12)	L	NO	.0234500	.12/09/2011				DC Supplement 65	2,224	248	.11.2	1	2,635	467	17.7	1
YES	DC/CF/MG PLAN N (6/10)	N	NO	.0234500	.02/11/2010				DC Supplement 65	35,075	54,359	155.0	18	21,085	10,634	50.4	13
0199999. Total Experience on Individual Policies										3,278,325	2,401,184	73.2	1,167	487,513	357,504	73.3	215



SUPPLEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
PRODUCT PREDATES OBRA
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
2.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....
NAIC Group Code 0380..... NAIC Company Code 53007.....
ADDRESS (City, State and Zip Code) Washington , DC 20065.....
Person Completing This Exhibit Nana Asare.....
Title Sr. Actuarial Assistant..... Telephone Number 410-998-7466.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	Blue Cross Blue Shield 65	P	NO	.0230500	.01/01/1965		.10/27/1993	.06/30/1992	MD BCBS 65	427,170	322,682	75.5	121	.0	.0	0.0	0
NO	PR065-0790	P	NO	.0230500	.08/24/1990		.10/27/1993	.06/30/1992	MD Protection 65	361,647	199,750	55.2	84	.0	.0	0.0	0
YES	Medigap Plan A (5/99) MD	A	NO	.0230500	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	34,824	16,806	48.3	13	.0	.0	0.0	0
YES	Medigap Plan C (5/99) MD	C	NO	.0230500	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	185,364	104,417	56.3	46	.0	.0	0.0	0
YES	Medigap Plan F (5/99) MD	F	NO	.0230500	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	567,509	390,476	68.8	131	.0	.0	0.0	0
YES	MD/CF/MG PLAN C (6/10)	C	NO	.0230560	.03/26/2010			.06/01/2012	MD Supplement 65	362,790	449,223	123.8	56	.0	.0	0.0	0
YES	MD/CF/MG PLAN A (6/10)	A	NO	.0234560	.03/26/2010				MD Supplement 65	478,470	1,093,255	228.5	160	342,378	831,658	242.9	111
YES	MD/CF/MG PLAN B (6/10)	B	NO	.0234500	.03/26/2010				MD Supplement 65	103,977	92,590	89.0	31	22,187	31,766	143.2	8
YES	MD/CF/MG PLAN F (6/10)	F	NO	.0234500	.03/26/2010				MD Supplement 65	5,784,114	3,538,111	61.2	1,640	2,144,184	1,183,653	55.2	653
YES	MD/CF/MG PLAN HI DED F (6/10)	F	NO	.0234500	.03/26/2010				MD Supplement 65	473,482	485,037	102.4	744	173,348	120,847	69.7	301
YES	MD/CF/MG PLAN G (2/12)	G	NO	.0234500	.03/27/2012				MD Supplement 65	210,062	142,050	67.6	78	202,067	120,239	59.5	89
YES	MD/CF/MG PLAN L (2/12)	L	NO	.0234500	.03/27/2012				MD Supplement 65	7,090	26,651	375.9	4	3,125	700	22.4	2
YES	MD/CF/MG PLAN M (2/12)	M	NO	.0234500	.03/27/2012				MD Supplement 65	9,815	6,906	70.4	3	5,903	808	13.7	3
YES	MD/CF/MG PLAN N (6/10)	N	NO	.0234500	.03/26/2010				MD Supplement 65	536,851	374,058	69.7	248	276,955	221,330	79.9	135
0199999. Total Experience on Individual Policies										9,543,165	7,242,012	75.9	3,359	3,170,147	2,511,001	79.2	1,302

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
PRODUCT PREDATES OBRA
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
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SUPPLEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

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For The Year Ended December 31, 2018
(To Be Filed by March 1)

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	4F9-12014 (6/89)																
NO		P	NO	.0230500	.01/01/1965			.07/31/1992	VA BCBS 65	260,177	150,737	57.9	65	.0	.0	0.0	0
NO	PR065-0790	P	NO	.0230500	.07/01/1990			.07/31/1992	VA Protection 65	144,731	120,311	83.1	46	.0	.0	0.0	0
	Medigap Plan A																
YES	VA (5/99)	A	NO	.0230560	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	83,798	50,572	60.3	11	.0	.0	0.0	0
	Medigap Plan C																
YES	VA (5/99)	C	NO	.0230560	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	178,792	126,620	70.8	18	.0	.0	0.0	0
	Medigap UW Plan C VA (1/01)																
YES		C	NO	.0234000	.12/29/2000			.05/31/2010	VA Supplement 65 Underwritten	165,248	97,987	59.3	41	.0	.0	0.0	0
	Medigap Plan F																
YES	VA (5/99)	F	NO	.0230500	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	454,620	204,474	45.0	72	.0	.0	0.0	0
	Medigap UW Plan F VA (1/01)																
YES		F	NO	.0234000	.12/29/2000			.05/31/2010	VA Supplement 65 Underwritten	2,063,555	1,299,442	63.0	686	.0	.0	0.0	0
	VA/CF/MG UW PLAN B (6/10)																
YES		B	NO	.0234000	.05/21/2010			.09/01/2012	VA Supplement 65 Underwritten	10,999	50,344	457.7	5	.0	.0	0.0	0
	VA/CF/MG PLAN C (6/10)																
YES		C	NO	.0230560	.05/21/2010			.09/01/2012	VA Supplement 65	83,491	29,193	35.0	8	.0	.0	0.0	0
	VA/CF/MG UW PLAN C (6/10)																
YES		C	NO	.0234060	.05/21/2010			.09/01/2012	VA Supplement 65 Underwritten	11,553	12,342	106.8	3	.0	.0	0.0	0
	VA/CF/MG UW PLAN F (6/10)																
YES		F	NO	.0234000	.05/21/2010			.09/01/2012	VA Supplement 65 Underwritten	662,117	328,029	49.5	217	.0	.0	0.0	0
	VA/CF/MG UW PLAN HI DED F (6/10)																
YES		F	NO	.0234000	.05/21/2010			.09/01/2012	VA Supplement 65 Underwritten	31,425	6,547	20.8	31	.0	.0	0.0	0
	VA/CF/MG UW PLAN N (6/10)																
YES		N	NO	.0234000	.05/21/2010			.09/01/2012	VA Supplement 65 Underwritten	6,155	5,057	82.2	4	.0	.0	0.0	0
	VA/CF/MG PLAN A (6/10)																
YES		A	NO	.0234560	.05/21/2010				VA Supplement 65	42,788	20,165	47.1	7	70,490	14,130	20.0	8
	VA/CF/MG PLAN B (6/10)																
YES		B	NO	.0234500	.05/21/2010				VA Supplement 65	20,007	25,820	129.1	9	2,393	.0	0.0	1
	VA/CF/MG PLAN F (6/10)																
YES		F	NO	.0234500	.05/21/2010				VA Supplement 65	1,571,798	1,147,559	73.0	682	1,779,292	1,212,596	68.2	886
	VA/CF/MG PLAN HI DED F (6/10)																
YES		F	NO	.0234500	.05/21/2010				VA Supplement 65	58,316	48,645	83.4	67	57,546	9,290	16.1	81
	VA/CF/MG PLAN G (2/12)																
YES		G	NO	.0234500	.05/17/2012				VA Supplement 65	40,711	23,821	58.5	18	89,950	38,291	42.6	46
	VA/CF/MG PLAN L (2/12)																
YES		L	NO	.0234500	.05/17/2012				VA Supplement 65	3,495	754	21.6	2	4,351	3,480	80.0	2
	VA/CF/MG PLAN M (2/12)																
YES		M	NO	.0234500	.05/17/2012				VA Supplement 65	3,584	3,077	85.9	2	.0	.0	0.0	0
	VA/CF/MG PLAN N (6/10)																
YES		N	NO	.0234500	.05/21/2010				VA Supplement 65	92,146	62,829	68.2	69	123,064	105,473	85.7	106
0199999. Total Experience on Individual Policies										5,989,506	3,814,325	63.7	2,063	2,127,086	1,383,260	65.0	1,130



SUPPLEMENT FOR THE YEAR 2018 OF THE Group Hospitalization & Medical Services, Inc.

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